



1711

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

| | |
|------------------------|---------------------------|
| Application Number | 09/753,076 |
| Filing Date | December 29, 2000 |
| First Named Inventor | Wang |
| Group Art Unit | 1711 |
| Examiner Name | |
| Attorney Docket Number | 11302-1060 (44040-251537) |

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GROUP 1700*

To: Commissioner for Patents

PO Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are: Conflict of Interest

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

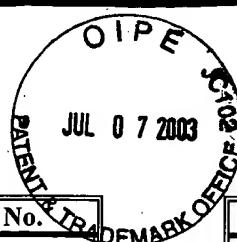
CORRESPONDENCE ADDRESS

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|---|--------------------------------------|---|--|----|----------------|
| <input type="checkbox"/> Customer Number | <input type="text"/> | | Place Customer Number Bar Code Label here | | |
| OR | | | | | |
| <input checked="" type="checkbox"/> Firm or Individual Name | | Andrew D. Stover | | | |
| Address | | Brinks, Hofer, Gilson & Lione | | | |
| Address | | NBC Tower – Suite 3600, 455 North Cityfront Plaza Drive | | | |
| City | | Chicago | State | IL | ZIP 60611-5599 |
| Country | | USA | | | |
| Telephone | | 920-721-2000 | Fax | | |
| <input checked="" type="checkbox"/> This request is made on behalf of myself and <input type="checkbox"/> all the attorneys/agents of record, <input checked="" type="checkbox"/> the attorneys/agents (with registration numbers) listed on the attached paper(s), or <input type="checkbox"/> the attorneys/agents associated with Customer Number | | | | | |
| This request is enclosed in triplicate (including any attachments) | | | | | |
| Name | Robert E. Richards – Reg. No. 28,106 | | | | |
| Signature | | | | | |
| Date | 7-3-03 | | | | |

NOTE: Withdrawal is effective when approved rather than when received

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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